

## THEATRE APPLICATION

Name of Business		Phone Number	
Business Address	City	State	Zip
Name of Owner		D.O.B.	
Address of Owner		Phone Number	
Number of theatres:	nber of theatres: Number of seats per theatre:		
Signature of Owner		Date	
a. Up to 500 seats - \$25.00 b. 501 - (Make your check payable to the Ci Return application and license fee to: Battle Creek City Clerk's Office 10 North Division Street - Room 117 Battle Creek, MI 49014 Phone: (616) 966-3348 Fax: (616) 966-3555  A LICENSE WILL BE	ity of Battle Creek)	ON OF ALL INSPECTIONS	
	(For Office Use Only)	)	
Please inspect and return recommenda	tion to this office as soon as	possible.	
County Health Department	Approval 🗖	Denial 🗖	
Fire Department	Approval 🗖	Denial 🗖	
Inspections Division (Note: Please verify number of sea	Approval □ ats per theatre)	Denial 🗖	
Police Department	Approval 🗖	Denial 🗖	
Comments			